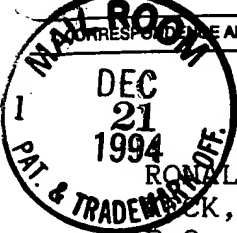


# **PART B—ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.



33M1/0926

RONALD D. COHN  
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P.O. BOX 06110  
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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/051,899	03/12/93	005	MANUEL, G 3305	09/26/94
First Named Applicant	BOCCHI, DAVID E..			

**TITLE OF INVENTION** IMPLANTABLE N-PHASIC DEFIBRILLATOR OUTPUT BRIDGE CIRCUIT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 47076382	607-0051000	Z97	UTILITY	NO	1210.00 \$1170.00	12/27/94

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

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11-0275 130 142  
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1,210.00CH  
15.00CH

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE

Cardiac Pacemakers, Inc.

(2) ADDRESS: (CITY & STATE OR COUNTRY)  
St. Paul, Minnesota

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies

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☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Watson T. Scott, Reg. 26,581

12/21/94

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

A. ☐ This application is NOT assigned.

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☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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